U.S. Depa. Office of Labo Labor agement

Standa Washington, DC 20210

LABOR ORGA JFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3799

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

,	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Louis P. Zogais	Name DIRECTORS GUILD OF AMERICA
	Labor Organization File Number 0000 / 8
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7900 SUNSET BLVD.	Street 7920 SUNSET BLVD.
City Los ANGELES	City Los Angeles
State CA ZIP Code + 4 900 4 6	State CA ZIP Code + 4 9 0046
5. Position in labor organization. ASSISTANT EXECUTIVE	DIRECTOR
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests alons set forth in the instructions):
A Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name PARAMOUNT PICTURES	Lunch meeting with JAY BANNETT.
Trade Name, if any:	1-8-04
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street 5555 MELNIE AVE.	\$ 25-440
City Hollywood CA	I TOOK JAY BARTETT TO LUNCK.
State CA ZIP Code + 4 90/38-3/97	
Sign	pature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed	On 6-13-05 310/289-2047 Date Telephone Number
	Date Telephone Number

Name of Person Filing	File Number U- 3799	
B. Held an interest in or derived income or economic benefit where the substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively eaching to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Husiness deals with:	
Name Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	, or multiplier	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, # any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,	
Name		
Trede Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street :		
City		
State ZIP Code + 4		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	
Form LM-30 (2003)		